

EXHIBIT 1

Leah Boggs

Redacted PII and/or PHI
[REDACTED]

Para obtener asistencia en Español, llame al 1-800-805-9550
Kung kailangan ninyo ang tulong sa Tagalog tumawag sa 1-800-805-9550
如果需要中文的帮助, 请拨打这个号码1-800-805-9550
Dinek'ehgo shika at'ohwol ninisingo, kwijigo holne' 1-800-805-9550

March 05, 2019

Insurance Plan:	Blue Cross/Blue Shield – North Carolina PPO/NON ASO
Member Name:	Leah Boggs
Date of Birth:	Redacted PII and/or PHI
Member's ID:	Redacted PII and/or PHI
Case Number:	2014040206001299-003-0002
Provider:	Kevin O'Keefe Psy.D.
Facility:	Open Sky Wilderness Therapy
Admission or Start Date:	July 14, 2017
Last Covered Day:	None
Website:	www.Magellanassist.com

This document contains important information that you should retain for your records.

This document serves as notice of an adverse benefit determination. We have declined to provide benefits, in whole or in part, for the requested treatment or service described below. If you think this determination was made in error, you have the right to appeal. (See the information attached for your appeal rights.)

Dear Leah Boggs:

Magellan Healthcare, Inc. (Magellan) has been authorized by Blue Cross Blue Shield of North Carolina (BCBS NC) to administer its behavioral health benefits. As such, we are responsible for reviewing mental health and/or substance abuse treatment to ensure that it is medically necessary and appropriate for payment purposes.

BCBS NC requires that the covered service or treatment is medically necessary. Please review your benefit plan description for more information and details about your benefits.

We recently conducted a review for Residential Mental Health Treatment for the above-named member with the provider and/or facility.

Our Physician Advisor, a Board Certified Psychiatrist licensed in North Carolina, determined that Residential Mental Health Treatment is not medically necessary based on the 2019 Magellan Care Guidelines, Residential Behavioral Health Level of Care, Adult and Geriatric for the following reason(s):

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Magellan Care Guidelines, MCG Care Guidelines, for Residential Behavioral Health Level of Care, Adult and Geriatric treatment have not been met. Your symptoms do not appear to require a 24-twenty four (24) hour per day, seven (7) day per week treatment facility to help you learn how to take care of your daily living needs for one or more of the following reasons: You are reported to be able to care for your physical needs. You are not reported to be at risk of being dangerous to yourself or others. Where you live does provide the help you need to get better. Your current symptoms would be safely treated at a less restrictive level of care.

Therefore, Magellan is unable to authorize Residential Mental Health Treatment July 14, 2019 through October 31, 2017.

The member, provider, or facility may request a free copy of the specific medical necessity review criteria relied upon in making this determination by calling 1-800-805-9550.

If the requesting provider would like to discuss this case with our reviewer please call 1-800-805-9550.

This determination has been made for benefit and coverage purposes; it cannot supersede the professional judgment of the treating provider. In all situations, the provider must use his/her professional judgment to provide care believed to be in the best interest of the member. Final decisions regarding claims payment are based on eligibility, benefits, and coverage at the time services were rendered.

The member may appeal the above determination. The member may designate a representative of his/her choice to request an appeal on his/her behalf, including the provider/facility. If you disagree with our decision, you have the right to file an appeal. The clinical urgency of an appeal will be determined at the time of the appeal request. Please see the enclosed document Important Information About Your Appeal Rights for more information about how to file an appeal and other rights available to you.

For appeal requests, please send any information that would demonstrate treatment was medically necessary, including but not limited to the following items:

☒ Any records or documents that would be helpful to your appeal

We will make available to you, upon request, the diagnosis and treatment codes that were supplied to Magellan by your provider and/or facility in the course of this review, along with the meanings of the codes.

If you have any questions regarding this information, please contact Magellan at 1-800-805-9550.

Sincerely,

LaShondra Washington, M.D., DFAPA
Senior Medical Director
Magellan Healthcare, Inc.

Enclosure: Important Information About Your Appeal Rights

Similar Notice Sent To:

- Kevin O'Keefe Psy.D.
- Open Sky Wilderness Therapy Utilization Review Department & Business Office
- File

KMC: DJD

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Important Information about Your Appeal Rights

What if I need help understanding this denial? You may contact us at 1-800-805-9550 if you need assistance understanding this notice or our decision to deny you a service or coverage.

What options does my provider have? If there is relevant information that has not been previously submitted, the treating physician may request a consultation with a Magellan Physician Advisor by calling Magellan. Additional relevant information should be mailed to the address below:

Magellan Healthcare, Inc.
P.O. Box 1718
Maryland Heights, Missouri 63043
Attn: BCBS NC Appeals Coordinator

You may also fax the information to **1-888-656-5712**.

What if I don't agree with this decision? You may request an appeal by sending a written request to the address below. To be eligible for an appeal, your request must be in writing and received within 180 days of the date of this letter.

Level 1 Appeal
Magellan Healthcare, Inc.
P.O. Box 1718
Maryland Heights, Missouri 63043
Attn: BCBS NC Appeals Coordinator

You may also fax the information to **1-888-656-5712**.

What if my situation is urgent? If your situation meets the definition of urgent under the law, the review of your claim will be conducted within 72 hours, or earlier if required by law. Generally, an urgent situation is one in which your health may be in serious jeopardy or, in the opinion of your physician, you may experience pain that cannot be adequately controlled while you wait for a decision on the external review of your claim. If you believe your situation is urgent, you or your physician may request an expedited appeal by contacting us via mail or fax at the address below and, if applicable, by seeking an expedited external review by contacting the North Carolina Department of Insurance (NCDOI). (See external review information below.)

Level 1 Appeal
Magellan Healthcare, Inc.
P.O. Box 1718
Maryland Heights, Missouri 63043
Attn: BCBS NC Appeals Coordinator

You may also fax the information to **1-888-656-5712**.

Who may file an appeal? You or someone you name to act for you (your authorized representative) may file an appeal. Please contact Magellan to request a member consent form.

Can I provide additional information about my appeal? Yes. As part of the appeal process, you have the right to submit supporting materials in advance of a decision being made on your appeal.

What happens next? If you appeal, a person who is neither the individual who made the adverse benefit determination, nor the subordinate of such individual, will review the decision and provide you with a written determination within 30 calendar days. If the adverse benefit determination is overturned,

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we will provide coverage or payment for your health care item or service. If the adverse benefit determination is upheld, you may have additional appeal rights.

How do I file a request for external review? An external review may be requested upon the completion of the second level appeal review. (See external review information below.)

What other remedies do I have? Depending on your plan, you may also have the right to bring an action under section 502(a) of ERISA after you complete the level 1 appeal. You and your plan may have other voluntary alternative dispute resolution options, such as mediation. One way to find out what may be available is to contact your local US Department of Labor office and your state insurance regulatory agency.

Can I request copies of information relevant to my adverse benefit determination? Yes. You may request and receive, at no cost to you, reasonable access to, and copies of, all documents, records and other information relevant to your claim by writing to:

Level 1 Appeal
Magellan Healthcare, Inc.
P.O. Box 1718
Maryland Heights, Missouri 63043
Attn: BCBS NC Appeals Coordinator

You may also fax the information to 1-888-656-5712.

This information may also include the following:

- Any internal rules, guidelines, protocols, or other criteria used to make this decision, including any clinical review criteria indicated above (please include the referenced medical policy from page 1 of this notice with your request); and/or
- If our decision is based on medical necessity, experimental treatment or another similar exclusion, an explanation of the scientific or clinical judgment for the determination, applied to your medical circumstances.

Other resources to help you: For questions about your rights, this notice, or for assistance, you can contact the Employee Benefits Security Administration at 1-866-444-EBSA (3272).

The North Carolina Department of Insurance is available to assist you with questions about health insurance. For assistance with appeals, please contact Health Insurance Smart NC at:

By Mail:

NC Department of Insurance
Health Insurance Smart NC
1201 Mail Service Center
Raleigh, NC 27699-1201
Toll Free Telephone: (855) 408-1212
www.ncdoi.com/smart

In Person:

For the physical address for Health Insurance Smart NC, please visit the web-page:
<http://www.ncdoi.com/smart>
Toll Free Telephone: (855) 408-1212

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External Review

North Carolina law provides for review of *adverse benefit determinations* by an external, independent review organization (IRO). The North Carolina Department of Insurance (NCDOI) administers this service at no charge to you, arranging for an IRO to review your case once the NCDOI establishes that your request is complete and eligible for review. *BCBSNC* will notify you of your right to request an external review each time you receive:

- an *adverse benefit determination*, or
- an appeal decision upholding an *adverse benefit determination* or
- a second level *appeal* decision upholding an *adverse benefit determination*.

You or someone you have authorized to represent you may request an external review.

In order for your request to be eligible for an external review, the NCDOI must determine the following:

- your request is about a *medical necessity* determination that resulted in an *adverse benefit determination* (i.e., a *noncertification*);
- you had coverage with *BCBSNC* when the *adverse benefit determination* was issued;
- the service for which the *adverse benefit determination* was issued appears to be a *covered service*; and
- you have exhausted *BCBSNC*'s internal *appeal* review process as described below.

For a standard external review, you will have exhausted the internal *appeal* review process if you have:

- completed *Magellan*'s first and *BCBSNC*'s second level *appeal* review and received a written second level determination from *BCBSNC*, or
- filed a second level *appeal* and have not requested or agreed to a delay in the second level *appeal* process, but have not received *BCBSNC*'s written decision within 60 days from the date that you can demonstrate that an appeal was filed with *BCBSNC*, or
- received written notification that *Magellan* has agreed to waive the requirement to exhaust the internal *appeal* and/or *BCBSNC*'s second level *appeal* process.

External reviews are performed on a standard or expedited basis, depending on which is requested and on whether medical circumstances meet the criteria for expedited review.

Standard External Review

For all requests for a standard external review, you must file your request with the NCDOI within 120 days of receiving one of the notices listed above.

If the request for an external review is related to a retrospective *adverse benefit determination* (an *adverse benefit determination* which occurs after you have already received the services in question), the 60-day time limit for receiving *BCBSNC*'s second level determination does not apply. You will not be eligible to request an external review until you have exhausted the internal appeal process and have received a written second level determination from *BCBSNC*.

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Expedited External Review

An expedited external review may be available if the time required to complete either an expedited internal first or second level appeal review or a standard external review would reasonably be expected to seriously jeopardize your life or health or to jeopardize your ability to regain maximum function. If you meet this requirement, you may file a request to the NCDOJ for an expedited external review, after you receive:

- an *adverse benefit determination* from *Magellan* and have filed a request with *Magellan* for an expedited first level appeal; or
- a first level appeal decision upholding an *adverse benefit determination* and have filed a request with *BCBSNC* for an expedited second level *appeal* review; or
- a second level *appeal* review decision from *BCBSNC*.

In addition, prior to your discharge from an inpatient facility, you may also request an expedited external review after receiving a first level appeal or second level appeal decision concerning an adverse benefit determination of the admission, availability of care, continued stay or emergency health care services.

An expedited external review can also occur at the same time as the internal appeals process for urgent care situations and ongoing course of treatment.

If your request is not accepted for expedited review, the NCDOJ may: (1) accept the case for standard external review if you have exhausted the internal appeal review process; or (2) require the completion of the internal appeal review process and another request for an external review. An expedited external review is not available for retrospective adverse benefit determinations.

When processing your request for external review, the NCDOJ will require you to provide the NCDOJ with a written, signed authorization for the release of any of your medical records that need to be reviewed for the purpose of reaching a decision on the external review. For further information about external review or to request an external review, contact the NCDOJ at:

By Mail:

NC Department of Insurance
Health Insurance Smart NC
1201 Mail Service Center
Raleigh, NC 27699-1201
Toll Free Telephone: (855) 408-1212
www.ncdoi.com/smart

In Person:

For the physical address for Health Insurance Smart NC, please visit the web-page:
<http://www.ncdoi.com/smart>
Toll Free Telephone: (855) 408-1212

The Health Insurance Smart NC provides consumer counseling on utilization review and appeal issues. Within ten business days (or, for an expedited review, within three business days) of receipt of your request for an external review, the NCDOJ will notify you and your provider of whether your request is complete and whether it has been accepted. If the NCDOJ notifies you that your request is incomplete, you must provide all requested, additional information to the NCDOJ within 150 days of the written

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notice from BCBSNC upholding an adverse benefit determination (generally the notice of a second level appeal review decision), which initiated your request for an external review. If the NCDOJ accepts your request, the acceptance notice will include: (i) name and contact information for the IRO assigned to your case; (ii) a copy of the information about your case that BCBSNC has provided to the NCDOJ; and (iii) a notification that you may submit additional written information and supporting documentation relevant to the initial adverse benefit determination to the assigned IRO within seven days after the receipt of the notice. It is presumed that you have received written notice two days after the notice was mailed. Within seven days of BCBSNC's receipt of the acceptance notice (or, for an expedited review, within the same business day), BCBSNC shall provide the IRO and you, by the same or similar expeditious means of communication, the documents and any information considered in making the adverse benefit determination, Magellan level I appeal decision or the second level appeal review decision. If you choose to provide any additional information to the IRO, you must also provide that same information to BCBSNC at the same time and by the same means of communication (e.g., you must fax the information to BCBSNC if you faxed it to the IRO). When sending additional information to BCBSNC, send it to:

Mail

Blue Cross Blue Shield of North Carolina
Appeals Department
P.O. Box 30055
Durham, NC 27702

In Person

Blue Cross Blue Shield of North Carolina
1830 US 15/501
Durham, NC 27707

Non-Discrimination and Accessibility Notice

Discrimination is Against the Law

- Blue Cross and Blue Shield of North Carolina ("BCBSNC") complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.
- BCBSNC does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

BCBSNC:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
 - Qualified interpreters
 - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages
- If you need these services, contact Customer Service **1-888-206-4697**, TTY and TDD, call **1-800-442-7028**.
- If you believe that BCBSNC has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with:
 - BCBSNC, PO Box 2291, Durham, NC 27702, Attention: Civil Rights Coordinator- Privacy, Ethics & Corporate Policy Office, Telephone **919-765-1663**, Fax **919-287-5613**, TTY **1-888-291-1783** civilrightscordinator@bcbsnc.com
- You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, Civil Rights Coordinator - Privacy, Ethics & Corporate Policy Office is available to help you.
- You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at: U.S. Department of Health and Human Services 200 Independence Avenue, SW Room 509F, HHH Building Washington, D.C. 20201 **1-800-368-1019, 800-537-7697** (TDD). Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.
- This Notice and/or attachments may have important information about your application or coverage through BCBSNC. Look for key dates. You may need to take action by certain deadlines to keep your health coverage or help with costs. You have the right to get this information and help in your language at no cost. Call Customer Service **1-888-206-4697**.

ATTENTION: If you speak another language, language assistance services, free of charge, are available to you. Call 1-888-206-4697 (TTY: 1-800-442-7028).

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-888-206-4697 (TTY: 1-800-442-7028).

注意: 如果您講廣東話或普通話, 您可以免費獲得語言援助服務。請致電 1-888-206-4697 (TTY: 1-800-442-7028)。

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-888-206-4697 (TTY: 1-800-442-7028).

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-888-206-4697 (TTY: 1-800-442-7028)번으로 전화해 주십시오.

ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-888-206-4697 (ATS : 1-800-442-7028).

ملحوظة: إذا كنت تتحدث اللغة العربية، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-888-206-4697. المبرقة الكاتبة: 1-800-442-7028.

LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau 1-888-206-4697 (TTY: 1-800-442-7028).

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-888-206-4697 (телетайп: 1-800-442-7028).

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-888-206-4697 (TTY: 1-800-442-7028).

સુચના: જો તમે ગુજરાતી બોલતા હો, તો નિ:સુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. ફોન કરો 1-888-206-4697 (TTY: 1-800-442-7028).

ចំណាំ: ប្រសិនបើលោកអ្នកនិយាយជាភាសាខ្មែរ លោកអ្នកជំនួយផ្នែកភាសាមានផ្តល់ជូនសម្រាប់លោកអ្នកដោយមិនគិតថ្លៃ។ សូមទំនាក់ទំនងតាមរយៈលេខ: 1-888-206-4697 (TTY: 1-800-442-7028)។

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-888-206-4697 (TTY: 1-800-442-7028).

ध्यान दें: यदि आप हिन्दी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। 1-888-206-4697 (TTY: 1-800-442-7028) पर कॉल करें।

ໂປດຊາບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັງຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທ 1-888-206-4697 (TTY: 1-800-442-7028).

注意事項: 日本語を話される場合、無料の言語支援をご利用いただけます。1-888-206-4697 (TTY: 1-800-442-7028) まで、お電話にてご連絡ください。